

REQUEST FOR LIVE SCAN SERVICE

Other Name	nt Submission		
Contributing Agency Information: DEPARTMENT OF PUBLIC HEALTH Agency Alumbrade to Receive Criminal Record Information S555 FERGUSON DR. SUITE 220 Street Address or P.O. Box COMMERCE CA 90022 City State ZIP Code Contact Name (mandatory for all school submissions) COMMERCE CA 90022 City State ZIP Code Contact Name (mandatory for all school submissions) COMMERCE CITY State ZIP Code Contact Telephone Number First Name Middle Initial S Cher Name (AKA or Alias) Last Male Female Differs License Number Silling Number 143236 Number Flace of Birth (State or Country) Social Security Number COMPARTMENT OF COMPARTMENT	e assigned by DOJ)	Authorized Applicant Type	
DEPARTMENT OF PUBLIC HEALTH Agency Authorized to Receive Griminal Record Information S555 FERGUSON DR. SUITE 220 Street Address or P.O. Box COMMERCE CA 90022 Contact Name (mandatory for all school submissions) COMMERCE CA 90022 Contact Name (mandatory for all school submissions) Applicant Information: Last Name Cher Name Address or P.O. Box Date of Birth Weight Eye Color Hair Color Hair Color Home Address Street Address or P.O. Box Tire-submission, list original ATI number: COLA Number (Agency Manuber) Employer (Additional response for agencies specified by statute): Employer Name Mail Code (five digit code assigned by DOJ) JOHANNA PRIETO Contact Name (mandatory for all school submissions) (323) 914-8282 Contact Telephone Number First Name Middle Initial S Number 143236 Num	License/Certification/Permit OR Working Title (Maximum 30 characters - if	assigned by DOJ, use exact title assigned)	
Agency Authorized to Receive Criminal Record Information 5555 FERGUSON DR. SUITE 220 Street Address or P.O. Box COMMERCE CA 90022 City State ZiP Code Contact Name (AKA or Alias) Date of Birth Weight Eye Color Place of Birth (State or Country) Social Security Number City Social Security Number City Contact Telephone Number First Name Middle Initial Social Security Number Billing Number 143236 Misc. Number 143236 Misc. Number (Coner Country) Flace of Birth (State or Country) Social Security Number City State ZiP Code City State ZiP Code Telephone Number Billing Number 143236 Misc. Number (Coner Identification Number) Home Address Street Address or P.O. Box City State ZiP Code Telephone Number (optional)	uting Agency Information:		
Street Address or P.O. Box Street Address or P.O. Box Street Address or P.O. Box COMMERCE CITY State State COMMERCE CITY State State COMMERCE CITY State State COMMERCE CITY State State CITY State COMMERCE CITY COMMERCE CITY State COMMERCE CITY COMMERCE CITY State COMMERCE CITY COMMERCE CITY COMMERCE COMM	RTMENT OF PUBLIC HEALTH	12063	
Street Address or P.O. Box COMMERCE CA 90022 State ZIP Code City State ZIP Code Contact Name (mandatory for all school submissions) (323) 914-8282 Contact Telephone Number First Name Middle Initial SOUTH Name (AKA or Alias) Date of Birth Sex Male Female Driver's License Number Billing Number 143236 Misc. Number Home Address Street Address or P.O. Box City State ZIP Code Contact Name (mandatory for all school submissions) Contact Name (mandatory f	Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)	
Applicant Information: Last Name Other Name (AKA or Aljas) Date of Birth Weight Eye Color Hair Color Place of Birth (State or Country) Social Security Number Home Address Street Address or P.O. Box City State Telephone Number Contact Telephone Number First Name Middle Initial S Middle Initial S Middle Initial S Since I Address Number Silling Number 143238 Pagency Billing Number) Misc. Number (Other Identification Number) Misc. Number (Other Identification Number) Home Address Street Address or P.O. Box City State Telephone Number Mail Code (five digit code assigned by DOJ Street Address or P.O. Box City State Telephone Number (optional)			ons)
Last Name Other Name (AKA or Alias) Date of Birth Weight Eye Color Hair Color Misc. Number Address Street Address or P.O. Box City State Level of Service: DOJ FBI Original ATI number: (Must provide proof of rejection) Employer (Additional response for agencies specified by statute): Employer Name Site Address or P.O. Box City First Name Middle Initial S Middle Initial S First S S Site Site Site Site Site Sumber First Name Middle Initial S S S S S S S S S S S S S			
Cither Name (AKA or Alias) Date of Birth Sex Male Female Driver's License Number Billing Number 143236 Number	nt Information:		
CakA or Alias Last	ne .	First Name	Middle Initial Suffix
Height Weight Eye Color Hair Color Billing Number 143236 Misc. Number 143236	me Nias) Last	First	Suffix
Height Weight Eye Color Hair Color Place of Birth (State or Country) Social Security Number Home	Sex Male Female	Driver's License Number	
Place of Birth (State or Country) Social Security Number Misc.	Weight Eye Color Hair Color	Number 143236	
Home Address Street Address or P.O. Box City State ZIP Code Your Number: Code Number (Agency Identifying Number)	Birth (State or Country) Social Security Number	Misc. Number	
OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Employer (Additional response for agencies specified by statute): Employer Name Mail Code (five digit code assigned by DOJ Street Address or P.O. Box City State ZIP Code Telephone Number (optional)	Street Address or P.O. Box	City	State ZIP Code
OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Employer (Additional response for agencies specified by statute): Employer Name Mail Code (five digit code assigned by DOJ Street Address or P.O. Box City State ZIP Code Telephone Number (optional)			
If re-submission, list original ATI number: (Must provide proof of rejection) Employer (Additional response for agencies specified by statute): Employer Name Mail Code (five digit code assigned by DOJ Street Address or P.O. Box City State ZIP Code Telephone Number (optional)	umber:	Level of Service: DOJ FBI	
(Must provide proof of rejection) Employer (Additional response for agencies specified by statute): Employer Name Mail Code (five digit code assigned by DOJ Street Address or P.O. Box City State ZIP Code Telephone Number (optional)	OCA Number (Agency Identifying Number)		
Employer Name Street Address or P.O. Box City State ZIP Code Telephone Number (optional)		Original ATI Number	
Street Address or P.O. Box City State ZIP Code Telephone Number (optional)	er (Additional response for agencies specified by statute):		
City State ZIP Code Telephone Number (optional)	Name	Mail Code (five digit code assigned by DOJ	
	dress or P.O. Box		
Live Scan Transaction Completed By:	State ZIP Code	Telephone Number (optional)	
	an Transaction Completed By:		
Name of Operator Date	Operator .	Date	
Transmitting Agency LSID ATI Number Amount Collected/Billed	ng Agency LSID	ATI Number Amount C	ollected/Billed

COUNTY OF LOS ANGELES EMPLOYEE INFORMATION SHEET

1. LAST NAME FIRST NAME MIDDLE NAME 2. Social Security Numb							ity Number						
	€.			* 88							2b.c	Inver License i	å Exp. Dale
3. OTHER	NAMES	USED					I				4. D	o you have	a relative
5a. Reside	ence—St	reet Addi	ess			City		State, Zip Code			Cou	ently emplo nty?	yad by the
5b. E-Mail	Address						· ·				Yes	1	lo
								lf yes	s, please Indi onship and	cale name,			
6.Since (da	6.Since (date) 7. Telephone No.								below	ording pro	Deparanent		
8. Date of I	Birth	9. Da	ale Resider omla	cy Establish	ed	10. Date Residency Established In Los Angeles County							
11. In Eme	rgency N	otify;				12 Telepho	one No.						
13a. Street	Address		***************************************			13b. City, S	late. Zio	Code					
14a. Militar United State	y Service es	in the Ar	med Force	s of the	Fro	m		To			14b.	Serial No	
14c. Highes	it Rank o	r Rating		14d. Bra	anch			14e. 7	ype of Discha	arge		<u> </u>	
14f.Military	Service a	is a Rese	rvist			From				l To			
			(4.)							10			
15. Foreign Languages		CHEC	K	16. EDUC							T		
	Read	Write	Speak	Last Grade Date Completed Completed Major [Oegree or Diploma					
Spanish	Grammar and High School												
Olher				Other									
Other				Other									
17. Profession	nal or Te	echnical L	icenses, Pr	ermits, etc. (Writes	tate county o	r city in v	which re	egistered/licen	rod\.			٠,
				, , ,		,, .	ony in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Brater contest	iseu).			
18. Have you	ever wo	rked for t	he County	of Los Angel	es unde	er a different r	name? I	f so, ple	ease provide d	letails	***************************************		
													. 1-7
ermission to	ly emplo work in	yment yo Ihis coun	u must be a try. Does e	either (a) a ci ither (a) or (t	tizen of o) desci	the United Si ribe your statu	lates of A us as a r	America esident	i, or (b) a regis of this Countr	stered alie y?	en with	governme	nt
es .	No						_						
0. Shifts you	ı are willi	ng to wor	K:				_						
A. D Day	Shift	B. [☐ Night S	hift c	:. □	Swing Shift		р. 🗆	Weekend Sh	nift E	E. 🗆	On Call	Marine and the second s
. D Wee	kends ar	nd Holida	ys	G	. 🗆 .	Any							

21. EMP	LOYMENT	HISTORY	٧٠	Begin with present or last experience		
From Mo-Yr	To Mo-Yr	Time in Mos	Position or Occupation	Duties performed in each employment	Wages or Salary	Account for past ten years or a Name and addresses of all former employers including other county depts. As well as private firms
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Additional Co	mments:					
						b
24. CERTIFIC	ATION of A	pplicant:				
rue and com	olete to the	best of my	ements mace i knowledge, l	n this Employee Information Shee understand that any false informa	t (CIS) and on a tlion and/or state	ony attachments pertaining
nay subject n	ie to disqua	lification or	dismissal.			and the state of t
		- DA	TE	CIONATIO	OF APPLICAN	
V 7, 1, 14		- 3,		- SIGNATURI	UF APPLICAN	





BACKGROUND INVESTIGATION POLICY

As part of its background review, the County of Los Angeles fingerprints all incoming candidates selected for a position and receives criminal history information for each set of prints from the State of California Department of Justice Bureau of Criminal Identification and Information (Department of Justice). Any such information received from the Department of Justice that has not been disclosed by the candidate/employee on the employment application and/or employee information sheet may constitute grounds for immediate termination.

The background investigation is a condition of employment and necessary to determine your suitability for employment with the Department of Public health.

Your signature below certifies your knowledge of this requirement.

Print Name	Signature	Date	
Human Resources Staff	Date		T .
DPH/HR USE ONLY			
CLASSIFICATION:			
TYPE OF APPOINTMENT:			
PROGRAM:		(4)	
PROGRAM CONTACT NAME:			
HR TECH:			





WORK STATUS QUESTIONNAIRE

NAME:		
SS#:		DATE OF BIRTH:
DEPT. NAME/	NO:	CLASSIFICATION:
The following infor them. An ans	ormation is needed to ensure swer of "yes" to any of the qu	e that persons are placed in work which is safe and healthful restions below will not disqualify you from employment.
Please answer e	ach question below and sign	and date the form where indicated.
Can you perf accommodat	orm the essential job function ions? (Check One)	ns of the above position with/without reasonable work
Yes	Accommodations are ne Reasonable Accommoda	eded. Please complete a Voluntary Request for ations forms.
Yes	No accommodations are	needed.
Yes	I cannot perform the ess accommodations.	ential job functions with/without reasonable work
Have you even department was a second control of the control	er filled out this form or a simi	ilar work status questionnaire for employment in any les?
() Yes () No	Dept. Name/No	
The above informathave been explained	ation is true and correct to the ed to me, and I understand v	e best of my knowledge. The duties of the above position what they entail.
		i y
Signature:		Date:

To Protect health, prevent disease, and promote health and well-being





ACKNOWLEDGEMENT OF EMPLOYEE RESPONSIBILITIES

Federal and State Laws, the Los Angeles County Code, and policies of the County and its departments prohibit conduct by County employees in the workplace that are considered unlawful discrimination, including creation of hostile work environment based on race, color, gender, age, disability, sexual orientation, pregnancy, sexual harassment, and retaliation.

It is the responsibility of every County employee to conduct him/herself in a manner consistent with these laws and County policies. This is a reminder that conduct that violates these laws or County disciplinary action by the County or both.

Employee Certification Section

I acknowledge receipt of and have read the Acknowledge	owledgement of Employee Responsibilities.
Employee Name:	
Employee Signature:	Date:
Witness Ve	rification
I provided the employee with a copy of the Ackno	wledgement of Employee Responsibilities.
Name:	
Signature:	Date:





Volunteer Assignment Agreement

Nan	ne:	Date Assigned:
Adn	nin Liaison:	Phone Number:
VOL	UNTEER AGREES TO PROVIDE THE FOLLOWING S	ERVICES:
VOL	UNTEER RESPONSIBILITIES AND LIMITATIONS	
1.	Keep confidential all information as required.	
2.	Refrain from publishing any data gathered during the commercial advertisements, press releases, opinions of the Volunteer and Special Program Director.	volunteer assignment or disseminating or feature articles without prior written consent of
3.	Refrain from any type of solicitation or charging, requ payment of any kind from individuals or staff for any	esting, or accepting any fee, gift, reward or services rendered as a volunteer.
4.	Refrain from offering medical and/or legal advice and asked for such.	referral to individuals, even though you may be
5.	If you drive your car as part of your volunteer assignm and automobile liability insurance.	ent, you must maintain a current driver's license
6.	Report immediately any known or suspected incident to a child protective services agency, the Elder Abuse I local law enforcement agency as well as to the Volunt	lotline, County Long Term Care Ombudsman or
7.	Refrain from performing duties other than those listed services, a new arrangement must be completed.	above. If you want to provide new or additional
8.	Refrain from handling personal resources such as bank deeds, sales contracts, stocks, bonds, certificates or ot are working as a volunteer.	accounts, cash, checks, notes, mortgages, trust her liquid assets of Individuals with whom you
9.	If your assignment is with a child, always carry your "Factivities.	eld Trip Authorization: form with during
LO.	Complete a report of your volunteer hours each month) .
l1.	Always carry or wear your "Photo Identification Card" program.	when engaged in activities as volunteer for your
l 2 .	Contact the individual with whom you are working as a Coordinator whenever you cannot follow through with	prearranges plan.
13.	Contact the Administrative Liaison or Volunteer Coordi if you or the individual with whom you are working is assignment.	nator immediately when any problems arise, i.e.
have	read and understand the responsibilities and limitati	ons as stated above and I agree to abide by
hem	in carrying out my duties.	2
olun/	teer Signature:	Date: